



STATE OF RHODE ISLAND AND PROVIDENCE
PLANTATIONS

DEPARTMENT OF BUSINESS REGULATION
DIVISION OF COMMERCIAL LICENSING & RACING &
ATHLETICS

John O. Pastore Center
1511 Pontiac Avenue, Bldg, 69-1
Cranston, RI 02920-0942
Telephone No. (401) 462-9506
TDD: 711 FAX: (401) 462-9645
www.dbr.state.ri.us

APPLICATION FOR LICENSE TO CONDUCT
WRESTLING, MATCHES OR EXHIBITIONS

DATE FILED: _____

A fee of \$ 250.00 dollars must accompany this application.

Date of proposed event: _____ Time: _____

Location of proposed event: _____

Name of Organization or person promoting event: _____

Address: _____

Telephone: _____

Name of person serving as contact / compliance officer in direct contact with the
Department of Business personnel during the event: _____

Address: _____

Telephone: _____

Is organization incorporation? YES ___ NO ___. If yes, date of incorporation: _____

Names/Address/Telephone number of officers or organization:

President _____ DOB _____

_____ TEL _____

Vice-President _____ DOB _____

_____ TEL _____

Treasurer _____ DOB _____

_____ TEL _____

Secretary _____ DOB _____

_____ TEL _____

Name / Address/Telephone number of person responsible for payment to the State
Treasurer of the five (5%) of total gross receipts:

Name _____ DOB _____

_____ TEL _____

Name/Address/Telephone number of Matchmaker, if any:

Name _____ DOB _____

Name/Address/Telephone number of Facility to be used for event: _____

_____ TEL _____

CONTACT PERSON _____ TEL _____

If Pyrotechnics are to be used, provide the Name/Address/Telephone number of the
organization or person applying for the permit to conduct the fireworks display:

_____ TEL _____

Include copy of permit signed by the appropriate State Fire Marshal authorizing the
display.

Name/Address/Telephone number of Building official who authorized use of the facility

_____ TEL _____

Signature of Building official _____

Name/Address/Telephone number of Fire official who approved facility for event:

TEL _____

Capacity of Facility: _____

Signature of Fire official _____

Has promoter been licensed in any other State as a promoter? YES _____ NO _____

If yes, list States: _____

Has promoter ever been sanctioned or denied a license by any jurisdiction?

YES _____ NO _____ If yes, provide details: _____

Has promoter ever been arrested or charged with a crime (excluding traffic offenses)? If

So, list place, date, criminal charge(s) and disposition: _____

Signature of Promoter: _____ Date: _____

On this ____ day of _____ 20__ Personally appeared the above-named applicant and make oath that statements and answers in this application are true.

Before me _____ Notary Public

REVISED 6/06